

**City of Fort Lauderdale**  
**Americans with Disabilities Act (ADA)**  
**Grievance Form**

**COMPLAINANT INFORMATION**

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**HOME PHONE (include area code)**

**BUSINESS PHONE (include area code)**

**PERSON ALLEGING ADA VIOLATION *(if other than complainant)***

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**HOME PHONE (include area code)**

**BUSINESS PHONE (include area code)**

**INFORMATION ON ALLEGED VIOLATION**

**DATE ALLEGED VIOLATION OCCURRED**

**DESCRIPTION OF ALLEGED VIOLATION**

**REQUESTED REMEDY**

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**HAS THIS COMPLAINT BEEN FILED WITH THE RESPONSIBLE FEDERAL ENFORCEMENT AGENCY,  
U.S. DEPARTMENT OF JUSTICE, OR COURT?**

YES ☐ NO ☐

**COMPLETE THE FOLLOWING IF YOU ANSWERED  
"YES" TO THE PREVIOUS QUESTION**

**AGENCY OR COURT**

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**CONTACT PERSON**

--

**ADDRESS**

--

**CITY**

--

**STATE**

--

**ZIP CODE**

--

**PHONE (include area code)**

--

**DATE FILED**

--

**OTHER COMMENTS**

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**SIGNATURE**

**DATE**

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